Re7	ision: HCFA-PM-91-4 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-				
	OCIAL SECURITY ACT						
	Optional : Qualified	Sliding Scale Premium Disabled and Working	s Imposed on Individuals				
Æ.	The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:						
	Premium due for any individual whose monthly countable income is between 150% and 200% of the Federal Poverty Level. Fee is based on a sliding scale providing for 10% increments as income increases.						
	Fee Schedule						
	Countable Income (% of Federal Poverty Le		<u>e Due</u> untable income)				
	150% - 175% 176% - 200%		10% 20%				
E	A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):						
	basis. This will explain	in the fee due, when i	e notice on a cases by case it is due initially and on an and the consequences of non-				
Fees will be sent to the Regional office and then to Accounting Department of Human Services.							
ĸ	cription provided on att	achment.					
Ti No. 97-74 Expersedes Approval Date MAR 2 6 1992 Effective Date OCT 0 1 1991							
	ersedes Approval Dat	EE MICH & POSE ET	fective Date <u>OCI 0 1 1991</u>				

Revision:	HCFA-PM-9		0)		ATTACHMENT 4.1 Page 2 OMB No.:0938-	8-E
	STATE I	PLAN UNDER '	TITLE XI	X OF THE	SOCIAL SECURITY	ACT
	State/Ter	ritory: _		Maine		
C. State	or local f	unds under	other p	rograms	are used to pay f	or premiums:
	Yes		$\sqrt{X}$	No		
a prem	riteria use nium becaus bed below:	se it would	rmining v cause a	whether n undue	the agency will w hardship on an ir	raive payment of ndividual are
This w	vill be det	termined on	a case	by case	basis.	
cripti	ion provid	ed on attac	hment.			
No. 9 Supersedes TN No.	7/-/4 5 <b>A</b> pp:	roval Date	MAR 2 6	<b>19</b> 92	Effective Date	OCT 0 1 1991